

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF EDUCATION

# **Schools for Students with Disabilities Fund**

## **GRANT APPLICATION FOR TUITION ASSISTANCE**

**MAIL COMPLETED APPLICATION BY APRIL 30, 2008 TO:**

VIRGINIA DEPARTMENT OF EDUCATION  
DIVISION OF SPECIAL EDUCATION AND STUDENT SERVICES  
Financial and Data Services  
P.O. Box 2120  
Richmond, VA 23218-2120  
ATTN: Susan Cumbia

## SCHOOLS FOR STUDENTS WITH DISABILITIES FUND INSTRUCTIONS

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1. Print, complete and return the original application and required attachments to:

VIRGINIA DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND STUDENT SERVICES  
Financial and Data Services  
P.O. Box 2120  
Richmond, VA 23218-2120  
ATTN: Susan Cumbia

The complete package must be received at the above address on or before the close of business on April 30, 2008.

2. The school's grant request should reflect the total funds the school expects to use for student tuition assistance from July 1, 2008 through June 30, 2009.
3. There is no maximum limit imposed upon grant requests. However, the maximum tuition assistance the school may award to any individual student may not exceed 75% of the total tuition.
4. Attach a copy of the school's **current annual audit report** prepared by an outside independent CPA. ("Audit" means any audit required under the federal Office of Management and Budget's Circular A-133, or, if your organization is not required to file an audit under Circular A-133, a compilation report (detailed financial statements), also prepared by an outside independent CPA may be submitted).
5. Provide a copy of the school's current **license to operate** as a private school serving students with disabilities.
6. Complete **Attachment A** to provide current information regarding your school.
7. Complete the **SSDF Assurances and Certification** form to ensure you are returning a complete package. Add a check mark (✓) by each assurance and each item attached to the application; sign and date the form. Include the completed form with your application.

**VIRGINIA DEPARTMENT OF EDUCATION  
SCHOOLS FOR STUDENTS WITH DISABILITIES FUND**

**GRANT APPLICATION  
FOR TUITION ASSISTANCE**

School Name	School's Legal Name (name in which Tax ID is registered)
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Business Mailing Address	City	State	Zip
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(    )	(    )	
Telephone #	Fax #	Federal Tax I.D.

Name of CEO/CFO/Executive Director and title	Email Address
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Name of SSDF contact person and title	Email Address
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1. Describe the process for how the school will determine which student(s) will receive tuition assistance: *Description might include existing or proposed financial aid requirements and determination process.*

2. Describe how the school will ensure consistency in a student's educational program should grant funds be awarded to support the student's tuition for 2008-2009, but not be available for 2009-2010. *Description might include existing or proposed school-based scholarship program; fund-raising efforts of the school; program transition components, etc.*

3. Estimate number of students to receive assistance during the 2008-2009 school year:

\_\_\_\_\_

4. List amount of SSDF grant award requested for July 1, 2008 through June 30, 2009:

\_\_\_\_\_

## **SCHOOLS FOR STUDENTS WITH DISABILITIES FUND CERTIFICATION**

I certify that the school will abide by the guidelines and procedures established by the Virginia Department of Education for operation of the *Schools for Students with Disabilities Fund*.

I understand that SSDF participation obligates my school to:

- Maintain in my facility records pertaining to SSDF for a period of five (5) years.
- Provide the Virginia Department of Education access to all pertinent financial and student records for the purpose of monitoring the use of SSDF monies.

***I understand this application may be denied if not received by the due date or if any part of the application is missing or incomplete.***

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Authorized Signature

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Date

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Printed Name and Title

## SCHOOLS FOR STUDENTS WITH DISABILITIES FUND ASSURANCES

**PLEASE ADD A CHECK MARK ( ✓ ) BY EACH OF THE FOLLOWING ASSURANCE STATEMENTS:**

As a participant in the *Schools for Students with Disabilities Fund*, the school assures:

- \_\_\_\_\_ The school holds and will maintain an unrestricted license for operation. The school has been in operation for at least one full year.
- \_\_\_\_\_ SSDF monies will be used only to provide tuition assistance for the purpose of meeting a student's educational needs and not to provide access to non-educational services such as emergency shelter, assessment, or treatment.
- \_\_\_\_\_ SSDF monies will be used only for a student who is placed by his/her parent and who has no other public source of funding.
- \_\_\_\_\_ SSDF monies will be used only for a student who has an identified disability and requires special education services as defined by the Individuals with Disabilities Education Act.
- \_\_\_\_\_ SSDF monies will be used only for a student whose custodial parent(s) are residents of the state of Virginia.
- \_\_\_\_\_ The school will employ a fair methodology for determining how tuition assistance through the SSDF is awarded, i.e., that all eligible families have an equal opportunity to apply for/receive assistance.
- \_\_\_\_\_ The amount of tuition assistance provided to any individual student will not exceed 75% of the school's published rate for the service provided, e.g., as published in the CSA Service Fee Directory or in the school's admission documents.
- \_\_\_\_\_ SSDF monies will be maintained in a separate account to be used only for the purpose of providing tuition assistance to students.
- \_\_\_\_\_ The school will maintain an audit trail, subject to review by VDOE personnel, that demonstrates all SSDF monies are used only for student tuition assistance. The audit trail will include the full name of each student recipient, the amount of assistance received per student, and the dates of each student's enrollment.

**PLEASE INDICATE BELOW THE ATTACHMENTS SUBMITTED WITH APPLICATION:**

- \_\_\_\_\_ Evidence of published tuition rate for the current fiscal year.
- \_\_\_\_\_ Copy of current audit report. Report must not contain any significant findings or areas for concern for ongoing operation of the school.
- \_\_\_\_\_ Copy of current license to operate as a private day or residential school.

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Printed Name and Title of Official Authorized to Sign on behalf of the School

\_\_\_\_\_  
Signature of Above Named Official

\_\_\_\_\_  
Date

## ATTACHMENT A

School Name \_\_\_\_\_

**Indicate the disabilities the school is licensed to serve:**

<input type="checkbox"/> Autism	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Severe Disability
<input type="checkbox"/> Deaf-Blindness	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Deafness	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Speech/Language Impaired
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Other Health Impaired	<input type="checkbox"/> Visual Impairment

**Indicate the grade levels served:**

Elementary School                      Middle School                      High School

**Is a summer program offered?**

yes                      no

**Indicate educational accreditation:**

VAISEF                      VAIS                      SACS                      none

**Indicate the school's tax status:**

☐ For profit                  ☐ Non-profit  
501(c)(3)

**Provide data:**

Total capacity of school (per license): \_\_\_\_\_

Total enrollment as of January 1, 2008:

Total number of private/parental pay placements as of January 1, 2008: